FEC

STATEMENT OF

| FORM 1 | ORGANIZATIO | ON | |
|-------------------------------|--|--|---|
| 1 011111 1 | (See instructions) | | Office use only |
| NAME OF COMMITTEE (in f | (Check if name Exa is changed) ove | ample: If typying, type or the lines | 12FE4M5 |
| The Procter & | Gamble Company Good Government C | Committee (aka P&G P | AC) |
| | | | |
| ADDRESS (number and s | One Procter & Gamble Plaz | za | |
| (Check if address is changed) | | | |
| | Cincinnati | | OH |
| | CITY | | STATE▲ ZIP CODE ▲ |
| COMMITTEE'S E-MAII | ADDRESS (Please provide only one e-mail add | ress) | |
| (Check if address is changed) | larocco.b@pg.com | | |
| | | | |
| COMMITTEE'S WEB F | PAGE ADDRESS (URL) | | |
| (Check if address is changed) | 1 | | |
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| 2. DATE 0.4 | / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| 3. FEC IDENTIFICATION | TION NUMBER C C0 | 0257329 | |
| 4. IS THIS STATEM | ENT NEW (N) OR | (AMENDED (A) | |
| | | | |
| I certify that I have examin | ed this Statement and to the best of my knowledge a | and belief it is true, correct and | complete |
| Time or Drint Name of 3 | reasurer Valarie L Sheppard | | |
| Type or Print Name of 1 | reasurer | | |
| Signature of Treasurer | Electronically Filed by Valarie L Sheppa | ard D | ate $\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$ |
| NOTE: Submission of fals | se, erroneous, or incomplete information may subject ANY CHANGE IN INFORMATION SH | | |
| Office | 7.1.1 STRAGE IN IN STRAIN ON ST | For further information co | *** |
| Use | | Federal Election Commission Toll Free 800-424-9530 | |